

California Indian Days Volunteer Registration



OFFICE USE ONLY

Assignment: _____

Dinner Ticket Rec. _____ # _____

Hours Volunteered: _____

Time in: _____ Time out: _____

Contact Information

Name	
Mailing Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Availability & Interests

During which hours are you available for volunteer assignments? Which areas you are interested in volunteering? (mark all that apply)

<input type="checkbox"/> 8 AM-10 AM	<input type="checkbox"/> 2 PM-4 PM	<input type="checkbox"/> Clean Up
<input type="checkbox"/> 10 AM-12 PM	<input type="checkbox"/> 4 PM-6 PM	<input type="checkbox"/> Food Area
<input type="checkbox"/> 12 PM-2 PM	<input type="checkbox"/> 6 PM-8 PM	<input type="checkbox"/> Runner
<input type="checkbox"/> Total # of Hours		<input type="checkbox"/> Any

Person to Notify in Case of Emergency

Name	
Phone	

Agreement and Signature

I understand as a volunteer if unable to fulfill my assignment I will notify person in charge.

Name (printed)	
Signature	
Date	

Our Policy

- Volunteers will receive a free dinner depending on time of volunteer and minimum of 2 hours.
- Check in and out at scheduled time of volunteer with Teresa McGinnis or assigned supervisor.

Thank you for completing this registration form and for your interest in volunteering with us. We appreciate your dedication in making events like this possible and successful.

All information submitted is confidential and for California Indian Day 2014 purpose and will not be used for anything other than that purpose.